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**Kansas** KWIC 4.4 Changes & New Functionality

**New or Improved Features Related To:**

- Changes to **Issue Breastpump**, **Breastpump Inventory** and **Breastpump Issuance by Client Report**
- **Notes** can be edited or deleted until midnight (Cinderella rule)
- New! **Participant Health Summary Report**
- Extensive changes to **Health Interview** and **ATOD Screens** (and new ATOD screen for Infants and Children)
- New features to **Equipment Inventory**
- NEW! **WIC Pre-Application Portal**
- More **Reports** converted

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**Kansas** Breastpump Changes

**Single-User Breastpump Inventory**

The screenshot shows the 'Single User Type' dropdown menu open, displaying options: Double Pumping Kit, Manual, Single User Electric, and Supplemental Feeding System. A blue arrow points from the 'Single User Type' field in the form to the dropdown menu.

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**Kansas** Breastpump Changes

**Single-User Breastpump Inventory**

The screenshot shows the 'Single User Type' dropdown menu set to 'Single User Electric'. The 'Number Assigned' field, which contains the value '2', is circled in red.

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## Kansas ATOD Changes

### Major Changes to Health Interview and ATOD Screens

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## Kansas Equipment Inventory Changes

### Ability to find by serial number or if state purchased

### Must indicate on Detail screen if State or Locally Purchased

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## Kansas Pre-Application

### NEW! WIC Pre-Application Portal


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## Kansas Pre-Application

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# Pre-Application

Mailing Address Line 1

Mailing Address Line 2

City:

State:

ZIP:

County:

Are you currently Homeless?  
☐ Yes ☒ No

Have you been on WIC before?  
☐ Yes ☒ No

Are you or a member of your household currently receiving TANF, Medicaid, or Food Assistance Program?  
☐ Yes ☒ No


Clinic Selected for appointment

What is your preferred day for an appointment?

What is your preferred time for an appointment?

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## Pre-Application

Is there any additional information you would like to share with WNC?

If you need further help with this online pre-application, please call 820-231-5411

WNC eligibility will be determined at the time of my appointment, and completing this pre-application does not guarantee enrollment. This institution is an equal opportunity provider. Please read the [Full Non-Discrimination Statement](#)

☒ I accept the terms of this pre-application.

 I'm not a robot


Your submission was successful.

Thank you for submitting a pre-application to WNC. We look forward to providing you and your family with outstanding services. One of our friendly WNC staff will reach out to you within 3 business days. If you do not hear from us or have any questions, please reach out to us at 820-231-5411. We are happy to help!

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**Kansas**  
Department of Health  
and Senior Services

## Pre-Application

[Home](#)
[Class Management](#)
[My Class Management](#)
[Class Directory](#)
[Assign Staff to Clinic](#)
[Staff Directory](#)
[Staff Calendar](#)
[Mail: User Electronic Breakdown Inventory](#)
[Single User Breakdown Inventory](#)
[Record Complaints](#)
[Manage Complaints](#)
[Outreach Contacts](#)
[Visit Lost Benefits Availability](#)
[Inventory](#)
[Find Online Application](#)

Send Invitation Applications

From Date: 06/01/2020 To Date: 06/01/2020

Select Clinic:

Single User Only ☐ Show Only Pending Applications ☐

Date	Subject	To Name	Status
06/01/2020	Alfred, Nicole	Pending	
06/01/2020	Alford, Kaitlyn	Pending	
06/01/2020	Alford, Andrea	Pending	
06/01/2020	Smith, Whitney	Pending	
06/01/2020	Brady, Eric	Pending	
06/01/2020	Thompson, Scott	Pending	
06/01/2020	James, Scott	Pending	
06/01/2020	Williams, Julie	Pending	
06/01/2020	Adams, David	Pending	
06/01/2020	Thompson, Sheng	Pending	
06/01/2020	Thompson, Sheng	Pending	
06/01/2020	Dick, C.C.	Pending	
06/01/2020	Adams, Renee	Pending	
10/01/2020	Thompson, Doreen	Pending	
10/01/2020	Thompson, David	Pending	
10/01/2020	Thompson, David	Pending	
10/01/2020	Thompson, David	Pending	
10/01/2020	Thompson, David	Pending	
10/01/2020	Health, Georgia	Pending	
10/01/2020	Health, Georgia	Pending	

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**Kansans**  
KANSAS  
Department of Health and Senior Services

## Pre-Application

**Applicant Information**

Applicant Name: **Peash, Georgia**

City: **Beverton County MS Clinic**

Address: **Peash, Georgia**

City: **MS**

State: **55/06/2008**

Applicant Declaration: **3/26/08/2008**

**Applicant Details**

Applicant Language: **English**

Interpreter: ☐ Yes ☒ No

Special Needs: ☐ Yes ☒ No

Reasons: ☐ Yes ☒ No

How long have you been in MS? ☐ Less than 6 months ☐ 6 months to 1 year ☐ More than 1 year

Are you a member of your household currently receiving SNAP benefits? ☐ Yes ☒ No

Are you a member of your household currently receiving TANF benefits? ☐ Yes ☒ No

Mail Address: **1234 Pleasant Dr.**

City: **Atlanta**

State: **GA**

Zip: **30301**

Country: **USA**

Phone: **(404) 555-1234**

Best number to reach you: **(404) 555-1234**

Best time to call you: **9:00 AM**

Preferred day for appointment: **Monday**

Preferred time for appointment: **10:00 AM**

Additional Information:

**Applicant Declaration**

I am a member of your household currently receiving SNAP benefits? ☐ Yes ☒ No

I am a member of your household currently receiving TANF benefits? ☐ Yes ☒ No

Reason:

**Buttons:**

**Footer:** To understand income, health and environmental factors, Kansans


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[illegible]

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The screenshot shows the Kansas Water Program website. The top navigation bar includes links for Home, About, Reports, and Contact. The 'Reports' section is active, and the 'Water Quality' report is selected. The report displays a table of water quality data for various locations, including the Kansas River, Neosho River, and other water bodies. A red circle highlights the 'Water Quality' report link in the top navigation bar.

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**KWIC 4.4 Release “Sneak Peek”**



Thank you!

**Please send questions to your ME Team.**

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